### COUNTY OF MAUI DEPARTMENT OF PERSONNEL SERVICES 200 SOUTH HIGH STREET WAILUKU, HAWAII 96793

# CERTIFICATION STATEMENT SECRETARY I

Positions filled from the written examination require applicants to possess the capability to perform a range of typing tasks. To qualify for these positions, you must be able to type straight copy at 40 net words per minute. If you meet the requirement, complete this form and sign and date the self-certification statement below.

IVIY t	yping sp	Deed IS	net words per minute;					
I acq	quired th	ne typing skill througl	ո:					
		attendance at	 school					
		employment with _						
		training	employer 					
	_	g	program					
SELF-CERTIFICATION BY APPLICANT: I hereby certify that I have thoroughly read the requirement above and presently meet this requirement. I understand that my typing proficiency may be evaluated by the appointing authority.								
Signature:								
Please prin	t name:							
Date:								

7/91

# Dictation Requirement Supplemental Form

# SECRETARY I Exam No. 2006-67 (Inter) Exam No. 2006-68 (Open)

TO:		ALL APPLICANTS						
FROM:		Department of Personnel Services, County of Maui						
RE:		DICTATION REQUIREMENT						
Please	e check	one of the following:						
	dictation	am applying for Secretary I positions which <u>do not</u> require the taking of dictation by shorthand. Therefore, I am aware that my name, if I pass the written examination, will not be certified for positions which require shorthand ability.						
I am applying for all Secretary I positions. (Please check one of the follow								
		I have enclosed a certificate of proficiency in shorthand from an accredit school awarded within the past 12 months.						
		I do not have a certificate of proficiency in shorthand, therefore I need to take the County of Maui's dictation examination.						
Date:		Signature						
		Printed Name						

Please submit this form along with your application. Thank you.

# DEPARTMENT OF PERSONNEL SERVICES COUNTY OF MAUI 200 S. High Street Wailuku, Hawaii 96793

## **CERTIFICATE OF PROFICIENCY FOR DICTATION**

### PLEASE READ THE ATTACHED INFORMATION BEFORE COMPLETING THIS FORM

Name of Appli	cant:						
Address:							
Name of Scho	ol and Address:						
This certifies tl	* * * * * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * g or has satisfactori		course in		
shorthand and	has demonstrated profic	ciency in sho	orthand as indicated	d below in acco	rdance with the		
Department of	Personnel Services, Co.	unty of Maui	requirements:				
	Date Proficiency demonstrated	Length of test	Gross Words typed/min.*	Rate of Dictation	No. Of Errors		
Dictation		min		wpm			
Date:		(Signature of Certifying Official)  (Title)					
		Organization)					

### General Instructions to the Certifying Official:

The certificate must be based on the applicant's demonstrated ability to qualify on dictation tests. Certificates will be acceptable for a maximum of two years after the date on which the applicant has satisfactorily demonstrated proficiency in dictation.

The Department of Personnel Services, County of Maui, reserves the right to reject any certificate on the basis of incorrect, incomplete or questionable information. All erasures and corrections on the certificate must be initialed by the certifying official.

When filed, this certificate becomes the property of the Department of Personnel Services, County of Maui, and part of the applicant's County Civil Service application and examination records.

#### **Dictation Tests:**

Dictation proficiency will be determined from the rate of dictation and percentage of accuracy. The rate of dictation must be at least <u>80 words per minute</u>. <u>95% accuracy</u> in transcription is required.